



City of Saint Peter

Building Department

227 South Front

St. Peter, MN 56082

Phone: 507-934-0662 Fax: 507-934-4917

Permit Number _____

BUILDING PERMIT APPLICATION

BUILDING SITE ADDRESS _____ (OR) LOT _____ BLOCK _____ PHONE _____

PROPERTY OWNER _____ ADDRESS _____ PHONE _____

GENERAL CONTRACTOR _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

PLUMBING CONTRACTOR (IF APPLICABLE) _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

MECHANICAL CONTRACTOR (IF APPLICABLE) _____ ADDRESS _____ PHONE _____

ELECTRICAL CONTRACTOR (IF APPLICABLE) _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

EXCAVATION CONTRACTOR (IF APPLICABLE) _____ LICENSE# / EXP Date _____ ADDRESS _____ PHONE _____

PROPERTY USE

- SINGLE FAMILY RES.
- TWO FAMILY RES.
- THREE + FAMILY RES.
- COMMERCIAL
- INDUSTRIAL
- INSTITUTIONAL
- PUBLIC

TYPE OF WORK

- NEW BUILDING
- EXISTING BUILDING
 - ADDITION
 - REMODEL
 - REPAIR
 - DECK
 - REROOF
 - RESIDE

TYPE OF STRUCTURE

- PRINCIPLE BUILDING
- GARAGE
- ACCESSORY BUILDING
- TEMPORARY BUILDING
- OTHER (SPECIFY) _____

Occupancy _____
 Type of Construction _____

PROPOSED SETBACKS

FRONT _____ NSEW _____
 LEFT _____ NSEW _____
 RIGHT _____ NSEW _____
 REAR _____ NSEW _____

DESCRIPTION OF PROJECT _____

CONSTRUCTION & SITE PLANS ATTACHED (TWO COPIES EACH) YES NO SQUARE FOOTAGE _____

IS AN EXCAVATION PERMIT REQUIRED? YES NO IS THE HOME OLDER THAN 1978? YES NO

IF SO PROVIDE LEAD CERTIFICATION LICENSE # _____ SIGN (LICENSEE) _____

ESTIMATED VALUE OF WORK (INCLUDING LABOR) \$ _____

DOES THIS VALUE INCLUDE P&H YES NO

Permit becomes void if work does not begin within 180 days or if suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Saint Peter regulating building construction.

EMAIL ADDRESS _____

BUILDING PERMIT FEE _____

PLAN REVIEW FEE _____

STATE SURCHARGE _____

TOTAL BUILDING FEE _____

PUBLIC WORKS FEE _____

TOTAL PERMIT FEE _____

RECEIPT NUMBER _____

ISSUED BY _____

PW APPROVAL _____

SIGNATURE OF: OWNER CONTRACTOR AUTHORIZED AGENT **PRINTED NAME** _____ **DATE** _____

BUILDING OFFICIAL APPROVAL _____ DATE _____ ZONING ADMINSTRATOR APPROVAL _____ DATE _____